

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

12

01

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 6 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2008 | | 248699.32 |
| (b) Cash on Hand at Beginning of Reporting Period | 125474.67 | |
| (c) Total Receipts (from Line 19) | 115259.62 | 226226.34 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 240734.29 | 474925.66 |
| 7. Total Disbursements (from Line 31) | 27897.52 | 262088.89 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 212836.77 | 212836.77 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 6 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 71925.00 | 132290.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 43148.50 | 89409.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 115073.50 | 221699.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤ | 115073.50 | 221699.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 186.12 | 4527.34 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 115259.62 | 226226.34 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 115259.62 | 226226.34 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 197.52 | 3838.89 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 197.52 | 3838.89 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23000.00 | 222800.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 200.00 | 200.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 200.00 | 200.00 |
| 29. Other Disbursements..... | 4500.00 | 35250.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 27897.52 | 262088.89 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27897.52 | 262088.89 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 115073.50 | 221699.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 200.00 | 200.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 114873.50 | 221499.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 197.52 | 3838.89 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 197.52 | 3838.89 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

William Adams

Mailing Address 10350 Carol Street

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18567

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sandy Aderholt

Mailing Address 1601 Lake Randolph Dr

City

Powhatan

State

VA

Zip Code

23139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors' Hospital

Occupation
Associate CNO - Retreat Campus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17937

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dale Alward

Mailing Address 1602 Skipwith Rd

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors' Hospital

Occupation
Asst Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17940

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

James Ayersman

Mailing Address 832 Amaryllis Lane

City

Venice

State

FL

Zip Code

34292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Englewood Community Hosp

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18395

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Brian Baumgardner

Mailing Address 6260 SW Merkel St

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawnwood Reg Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17795

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GeGe Beall

Mailing Address 3612 Riverdowns N. Drive

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors Hospital

Occupation
VP Org Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17945

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Paul Beaupre

Mailing Address 16178 Greenwood Road

City

Monte Sereno

State

CA

Zip Code

95030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp

Occupation
COO/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18543

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alisa Bert

Mailing Address 11520 NW 35th Street

City

Sunrise

State

FL

Zip Code

33323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westside Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18150

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Janelle Biernbaum

Mailing Address 1928 Meadowlark Drive

City

Raymore

State

MO

Zip Code

64083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Research Belton Hosp

Occupation
Director Bus. Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17961

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Robert Billings

Mailing Address 2890 Swan Circle

City

Dunedin

State

FL

Zip Code

34698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Largo Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18099

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Damond Boatwright

Mailing Address 4809 W 149th St

City

Leawood

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee's Summit Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18052

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Kathy Bobbs

Mailing Address 109 East Peck Blvd

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Women's & Children's Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18278

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Ward Boston

Mailing Address 6000 49th St N

City

St Petersburg

State

FL

Zip Code

33709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18439

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stephanie Boudreaux

Mailing Address 2411 Snapper Rd

City

New Iberia

State

LA

Zip Code

70560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dauteville Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18525

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Leona Boullion

Mailing Address 111 North Roelay

City

Lafayette

State

LA

Zip Code

70506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Women's & Children's Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18275

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Norene Bowers

Mailing Address 2201 Saratoga Lane

City

Glendora

State

CA

Zip Code

91765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Community Hosp.

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18521

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joe Bowman

Mailing Address 9017 Grey Pointe Ct

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneCrest Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18161

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Wendy Brandon

Mailing Address 100 Abercrombie Ave

City

Englewood

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Englewood Comm Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Wendy Brandon

Mailing Address 100 Abercrombie Ave

City

Englewood

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Englewood Comm Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18396

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Barbara Brennan

Mailing Address 116 Jefferson Dr.

City

Nashville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18215

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Tim Breslin

Mailing Address 4901 Dreyfous Ave

City

Metairie

State

LA

Zip Code

70006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Regional Medical
Cent

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18409

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Robin Broughman

Mailing Address 4005 Callaghan Cir

City

Covington

State

VA

Zip Code

24426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alleghany Regional

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18377

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Gina Bullington

Mailing Address 232 Black Road

City

Dickson

State

TN

Zip Code

37055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17872

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Anna Burke

Mailing Address 109 Fountainview Dr

City

Youngsville

State

LA

Zip Code

70592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dauterive Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18526

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

William Caldwell

Mailing Address 10606 Gravel Neck Drive

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors Hospital

Occupation

COO-Retreat Campus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17946

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Gary Cantrell

Mailing Address 11123 Lands End Chase

City

Pt St Lucie

State

FL

Zip Code

34986

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Lucie Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18383

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tim Cerullo

Mailing Address 201 14th St SW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Largo Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18100

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Alex Chang

Mailing Address 3071 SW 44th Ct

City

Ft. Lauderdale

State

FL

Zip Code

33312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fawcett Memorial

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.18621

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Naomi Chatman

Mailing Address 6684 Fairweather Drive

City

Anchorage

State

AK

Zip Code

99518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Regional

Occupation
Dir Food Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18339

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lee Chaykin

Mailing Address 7201 N University Dr

City

Tamarac

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18480

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Jason Cobb

Mailing Address 201 South Tallowood Drive

City State Zip Code
 Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18416

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Tina Coker

Mailing Address 782 Claire Drive

City State Zip Code
 Mandeville LA 70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Regional

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18410

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Patrick Connor

Mailing Address 1962 Lynton Circle

City State Zip Code
 Wellington FL 33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17756

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Wayne Dalton

Mailing Address 2795 East 25 South

City

Layton

State

UT

Zip Code

84040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18475

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Richard Davis

Mailing Address 6684 Fairweather Dr

City

Anchorage

State

AK

Zip Code

99518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Reg Hosp

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18340

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Deborah Deal

Mailing Address 358 Magnolia Vale Drive

City

Chattanooga

State

TN

Zip Code

37419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Medical Center

Occupation
ACNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 62

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Bryce DeHaven

Mailing Address 1661 Whie Owl Rd

City

Amelia Island

State

FL

Zip Code

32003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Park Med CtrOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18002

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kay Delage

Mailing Address 631 Glenn Circle

City

Madison

State

TN

Zip Code

37115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical CtrOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18216

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ruth DePalantino

Mailing Address 2323 9th Ave N

City

St. Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward White HospitalOccupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.17784

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Nancy Dodson

Mailing Address PO Box 16302

City

Panama City

State

FL

Zip Code

32406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17714

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Robert Dunwoody

Mailing Address 5570 59th Terrace

City

Vero Beach

State

FL

Zip Code

32967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawnwood Reg Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17794

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brenda DuPree

Mailing Address 2810 71st Circle Apt 101

City

Vero Beach

State

FL

Zip Code

32966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawnwood Reg Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17793

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Marsha Easley

Mailing Address 11758 Wordsworth Court

City

Jacksonville

State

FL

Zip Code

32223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Park Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18011

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Ehrat

Mailing Address 3441 Dickerson Pk

City

Nashville

State

TN

Zip Code

37207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18232

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Lester Eljaiek

Mailing Address 1940 Westward Dr

City

Miami Springs

State

FL

Zip Code

33166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aventura Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18085

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Rex Etheredge

Mailing Address 1371 SW 43rd Place

City

Ocala

State

FL

Zip Code

34474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocala Regional/West Marion

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18326

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eric Evans

Mailing Address 109 Grande Mansion

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Reg Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18432

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Alan Fabian

Mailing Address 216 Cresthill Drive

City

Youngsville

State

LA

Zip Code

70592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dauterive Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18524

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Mike Fencel

Mailing Address 8822 Stillwaters Landing Dr

City

Riverview

State

FL

Zip Code

33569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brandon Regional Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17977

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jake Fisher

Mailing Address 40 Woodburn St

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankfort Reg Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18297

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Todd Gallati

Mailing Address 1300 Kristianna Dr

City

Panama City

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17717

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Peggy Gatliff

Mailing Address 128 Palmetto Lane

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward White Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17782

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

C. Shayne George

Mailing Address 1825 Champions Circle

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hospital Augusta

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17791

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Beverly Gilmore

Mailing Address 7300 Medical Center Drive

City

West Hills

State

CA

Zip Code

91307

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Hills Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18205

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Cindy Glover

Mailing Address 12034 Edgemere Circle

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18583

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cheryl Goforth

Mailing Address 8800 Dorchester Rd #1001

City

N Charleston

State

SC

Zip Code

29420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18510

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sonia Gonzalez

Mailing Address 13624 Cooper Rd

City

Spring Hill

State

FL

Zip Code

34609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Hill Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18177

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Karl Gorrell

Mailing Address 8624 Wild Bird Ct

City

Charleston

State

SC

Zip Code

29420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident Health System

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18514

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Robert Grace

Mailing Address 7263 Hidden Cove Ct

City

Spring Hill

State

FL

Zip Code

34607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Hill Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18178

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Otis Lee Gray, Jr.

Mailing Address 720 Rincon Abbey Court

City

Martinez

State

GA

Zip Code

30907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hosp. Augusta

Occupation
VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17786

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Tim Haasken

Mailing Address 3700 South Main St

City

Blacksburg

State

VA

Zip Code

24060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18462

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mary Halverson

Mailing Address 9137 Hunters Bend Cir

City

Ooltewah

State

TN

Zip Code

37363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Valley Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18206

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Neil Heatherly

Mailing Address 1821 Grey Pointe Dr

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneCrest Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18160

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Debra Herwaldt

Mailing Address 2045 Roadrunner Ave

City

Thousand Oaks

State

CA

Zip Code

91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Robles Hosp

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18518

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott Hill

Mailing Address 3700 S Main

City

Blacksburg

State

VA

Zip Code

24060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery Reg Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18463

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Tina Hill

Mailing Address 111 Long Valley Rd

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA Corporate

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18388

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Ellen Hinz

Mailing Address 3503 Stevens Way

City

Martinez

State

GA

Zip Code

30907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Augusta

Occupation

Director Quality/Phy Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17787

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dan Houghton

Mailing Address 1444 Matterhorn Dr

City

Riverside

State

CA

Zip Code

92506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Community Hosp

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18522

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David Hughes

Mailing Address 21 Jasmine Ct

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plantation General

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18075

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Delilah Hughes

Mailing Address 7127 Tenderfoot Trail

City

Ooltewah

State

TN

Zip Code

37363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Med Ctr

Occupation
ACNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18207

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Suzanne Jackson

Mailing Address 2960 Sleepy Hollow Rd

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dominion Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18144

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Ashley F. Johnson

Mailing Address 4865 Shoreline Circle

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Florida Regional
Hosp

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18082

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Cynthia Johnson

Mailing Address 620 E.Gregory Blvd.

City

Kansas City

State

MO

Zip Code

64131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Research Medical Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.18642

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Tedrick Johnson

Mailing Address 3600 Riverdowns N Drive

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Division

Occupation
VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17779

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Kennedy

Mailing Address 12587 NW 83rd Ct

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aventura Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18084

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Kelly Kern

Mailing Address 9540 World Cup Dr

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain View Hospital

Occupation

Assoc. Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17827

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Don King

Mailing Address 905 Dogwood Drive

City

Raymore

State

MO

Zip Code

64083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lees' Summit Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18054

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mary Ann Knight

Mailing Address 5637 Marine Parkway

City

New Port Richie

State

FL

Zip Code

34656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18095

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Mary Ann Knight

Mailing Address 5637 Marine Parkway

City

New Port Richie

State

FL

Zip Code

34656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18403

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ed Lamb

Mailing Address 4831 Southpark Bluff Dr

City

Anchorage

State

AK

Zip Code

99516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18344

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Angela Lambert

Mailing Address 2199 Northumbria Dr

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Florida Regional
Hosp

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17855

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 33 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Matthew Leary

Mailing Address 4010 SW Granite Lane

City

Lee's Summit

State

MO

Zip Code

64082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee's Summit Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18053

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Robert Lee

Mailing Address 1796 Hwy 441 N

City

Okeechobee

State

FL

Zip Code

34972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raulerson Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18544

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Trent Lind

Mailing Address 119 Oakfield Drive

City

Brandon

State

FL

Zip Code

33511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brandon Regional

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17981

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 34 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Jackie Lowther

Mailing Address 1982 Borchers Drive

City

San Jose

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marilyn Mariani

Mailing Address 2593 W Fern Cir

City

West Jordan

State

UT

Zip Code

84084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18476

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Peter Marmerstein

Mailing Address 2501 Founders Bridge Rd

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
CJW Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Elizabeth Matish

Mailing Address 206 Willeta Drive

City

Richmond

State

VA

Zip Code

23221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors Hospital

Occupation

COO-Parham Campus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17935

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Terika Mbanu

Mailing Address 43507 Evian Lane

City

Chantilly

State

VA

Zip Code

20152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hosp Ctr

Occupation

Assoc Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18591

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ellen McCluggage

Mailing Address 2234 Surrey Dr

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneCrest Medical Center

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18162

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

David W. McClung

Mailing Address 14200 Riverdowns South

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portsmouth Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.18616

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Bobby McCullough

Mailing Address 1374 Anna Catherine Dr

City

Orlando

State

FL

Zip Code

32828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Florida Regional
Hosp

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17857

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Tim McManus

Mailing Address 5 Birch Cove

City

Gulfport

State

MS

Zip Code

39503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden Park Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17925

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Gina Melby

Mailing Address 135 Remo Place

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
JFK Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17844

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Nancy Melcher

Mailing Address 5005 W. 157th Terrace

City

Overland Park

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee's Summit Medical Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18056

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Joseph Melchiode

Mailing Address 11764 Del Sur Ave

City

Las Vegas

State

NV

Zip Code

89138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountainview Hosp

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17826

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Brian Melear

Mailing Address 1796 US 441 N

City

Okeechobee

State

FL

Zip Code

34972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raulerson Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18545

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Roland Metivier

Mailing Address 10076 Waltzing Lane

City

Seminole

State

FL

Zip Code

33778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward White Hospital

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17785

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

James Miller

Mailing Address 207 Jimmy Drive

City

Crowley

State

LA

Zip Code

70526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Women's & Children's Hosp.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17846

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Kathy Mitchell

Mailing Address 6577 Waterford

City

Sarasota

State

FL

Zip Code

34238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.18649

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Patricia J. Monczewski

Mailing Address 305 Breeman Circle

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Women's & Children's Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18283

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Darrell Moore

Mailing Address 3201 Enclave Bay Drive

City

Chattanooga

State

TN

Zip Code

37415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18212

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Paul Morris

Mailing Address 17603 Shasta Cir

City

Eagle River

State

AK

Zip Code

99577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18346

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Donald Murphy

Mailing Address 3756 Bay Tree Rd

City

Lynn Haven

State

FL

Zip Code

32444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17729

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kavita Narayan

Mailing Address 3938 Kingsley Park Ln

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Johns Creek Hosp

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18254

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Kathy Neely

Mailing Address 550 North Hillside

City

Wichita

State

KS

Zip Code

67214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wesley Medical Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17866

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Darrel Neuenschwander

Mailing Address 18345 Christeph Dr

City

Morgan Hill

State

CA

Zip Code

95037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18542

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin Orndorff

Mailing Address 2300 Patterson Street

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
TriStar/Centennial

Occupation
Administrator of CV Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18391

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Richard Patterson

Mailing Address 237 Twin Pines Lane

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankfort Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18301

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ricardo Pavon

Mailing Address 5869 NW 108 Place

City

Miami

State

FL

Zip Code

33178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kendall Reg Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17922

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Chip Peal

Mailing Address 112 Wheeler Dr

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankfort Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18322

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Thomas Pentz

Mailing Address 142 Godfrey Rd

City

Edgewater

State

FL

Zip Code

32141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Park Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18007

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul Pfeiffer

Mailing Address 3141 Featherwood Ct

City

Clearwater

State

FL

Zip Code

33759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Largo Medical Center

Occupation
Pharmacy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18132

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Piche

Mailing Address 14118 Saratoga Avenue

City

Saratoga

State

CA

Zip Code

95070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18539

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Tim Prestridge

Mailing Address 116 Sunshine Dr

City

Lewisburg

State

WV

Zip Code

24901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alleghany Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18374

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Quinlivan

Mailing Address 1245 Bay Pointe Terr

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Johns Creek Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18259

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Jane Raymond

Mailing Address 20338 Clifton Points Street

City

Potomac Falls

State

VA

Zip Code

20165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18596

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Michael Rembis

Mailing Address 19265 Allendale Dr

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Community Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18519

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Heather Rohan

Mailing Address 1616 Breakers W Blvd

City

West Palm Beach

State

FL

Zip Code

33411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aventura Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18083

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Richard Satcher

Mailing Address 1971 Muirfield Way

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Largo Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18098

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

William J. Schuler

Mailing Address 333 Borthwick Ave

City

Portsmouth

State

NH

Zip Code

03801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portsmouth Reg Hosp.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17882

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Kristy Alicia Schulhof

Mailing Address 119 Oakfield Drive

City

Brandon

State

FL

Zip Code

33511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brandon Regional

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17987

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Chuck Schwaner

Mailing Address 1198 Bayshore Drive

City

Englewood

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18356

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Gary Searls

Mailing Address 6000 49th St North

City

St. Petersburg

State

FL

Zip Code

33709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18452

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sam Serrill

Mailing Address 550 N Hillside

City

Wichita

State

KS

Zip Code

67214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wesley Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17868

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Sherman

Mailing Address 5450 Fairgrange Dr.

City

Agoura Hills

State

CA

Zip Code

91301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Robles

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18517

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Barbara Simmons

Mailing Address 1961 SW 52nd Ave

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plantation General Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18074

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mark Sims

Mailing Address 427 Bald Eagle Cir

City

Chattanooga

State

TN

Zip Code

37419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge East Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18213

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mauricio Sirvent

Mailing Address 14701 Kirsten Court

City

Davie

State

FL

Zip Code

33325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kendall Regional Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17907

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Nicole Slaughter

Mailing Address 7201 N University Dr

City

Tamarac

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18494

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mickey Smith

Mailing Address 110 SW 5th Terr

City

Crystal River

State

FL

Zip Code

34429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Hill Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18195

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rodney R. Smith

Mailing Address 525 Broadoak Loop

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawnwood Reg Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17792

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Ed Stojakovich

Mailing Address 638 Nalls Farm Way

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18609

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Lynn Swartz

Mailing Address 3683 W Lake Estate Dr

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westside Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18159

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen Swim

Mailing Address 555 Kathryn Place Road

City

Appling

State

GA

Zip Code

30802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hospital Augusta

Occupation
VP-CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17790

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Hugh Tappan

Mailing Address 550 N Hillside

City

Wichita

State

KS

Zip Code

67214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wesley Medical Ctr

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17861

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mike Terrell

Mailing Address 101 South 12th Street #407

City

Tampa

State

FL

Zip Code

33602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brandon Regional

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17990

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Thweatt

Mailing Address One ARH Lane

City

Low Moor

State

VA

Zip Code

24457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alleghany Reg Hosp

Occupation

Interim CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18360

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 52 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Keith Tintle

Mailing Address 750 West 800 N

City

Orem

State

UT

Zip Code

84057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timpanogos Regional Med.
Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18330

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Timothy C. Tobin

Mailing Address 10300 Spotsylvania Ave, Ste 130

City

Fredericksburg

State

VA

Zip Code

22408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spotsylvania Reg Med Ctr

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17806

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Jerri Underwood

Mailing Address 6931 Lakeshore Drive

City

Chattanooga

State

TN

Zip Code

37416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Med. Ctr.

Occupation
CNE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18210

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 53 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Lisa Valentine

Mailing Address 1602 Skipwith Rd

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors Hospital

Occupation

COO - Forest Campus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17944

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Helen Vos

Mailing Address 3136 Waterside

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MountainView Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17845

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

William O. Wagnon

Mailing Address 2016 Redbird Dr

City

Las Vegas

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountainview Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.17839

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Benjamin Warner

Mailing Address 3309 Pemberton Crossing Ct

City

Richmond

State

VA

Zip Code

23294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctors Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17951

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bud Wethington

Mailing Address 239 Byron Ridge Dr

City

Albany

State

GA

Zip Code

31721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmyra Medical Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18063

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Norman Wilder

Mailing Address 10201 Sidorof Ln

City

Anchorage

State

AK

Zip Code

99507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Reg Hosp

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18347

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Devon Wright

Mailing Address 7201 N University Dr

City

Tamarac

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation

CNO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.18499

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

71925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 62

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4527.34

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA17.18651

Amount of Each Receipt this Period

186.12

bank interest income

SUBTOTAL of Receipts This Page (optional)

186.12

TOTAL This Period (last page this line number only)

186.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
account analysis fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18652

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

197.52

SUBTOTAL of Disbursements This Page (optional)

197.52

TOTAL This Period (last page this line number only)

197.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City
ATLANTA

State
GA

Zip Code
30355

Purpose of Disbursement
campaign

Candidate Name
CHAMBLISS FOR SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 00

Runoff

Transaction ID: SB23.18664

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

COFFMAN FOR CONGRESS INC.

Mailing Address 9249 South Broadway Blvd.
#200-501

City
Highlands Ranch

State
CO

Zip Code
80129

Purpose of Disbursement
campaign

Candidate Name
COFFMAN FOR CONGRESS INC.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: SB23.18653

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

COLEMAN FOR SENATE 08

Mailing Address 570 ASBURY STREET SUITE 201A

City
ST PAUL

State
MN

Zip Code
55104

Purpose of Disbursement
fundraiser for recount fund

Candidate Name
COLEMAN FOR SENATE 08

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: MN District: 00

Recount

Transaction ID: SB23.18665

Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCA INC. GOOD GOVERNMENT FUND

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS | Transaction ID: SB23.18670 Date of Disbursement |
| Mailing Address PO BOX 9639 | <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y8</div> </div> |
| City BOWLING GREEN State KY Zip Code 42102 | Amount of Each Disbursement this Period |
| Purpose of Disbursement debt retirement | <div>1000.00</div> |
| Candidate Name GUTHRIE FOR CONGRESS | <div>Category/ Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS | Transaction ID: SB23.18662 Date of Disbursement |
| Mailing Address 111 NW 183rd Street Suite 325 | <div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D3</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y8</div> </div> |
| City Miami State FL Zip Code 33169 | Amount of Each Disbursement this Period |
| Purpose of Disbursement fundraiser | <div>5000.00</div> |
| Candidate Name KENDRICK MEEK CAMPAIGN FOR CONGRESS | <div>Category/ Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS | Transaction ID: SB23.18656 Date of Disbursement |
| Mailing Address PO BOX 1738 | <div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D2</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y8</div> </div> |
| City SACRAMENTO State CA Zip Code 95812 | Amount of Each Disbursement this Period |
| Purpose of Disbursement fundraiser | <div>1000.00</div> |
| Candidate Name MATSUI FOR CONGRESS | <div>Category/ Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement
debt retirement

Candidate Name
OLSON FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 22

Transaction ID: SB23.18671

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PORTER FOR CONGRESS

Mailing Address PO Box 26087

City State Zip Code
Las Vegas NV 89126

Purpose of Disbursement

Candidate Name
PORTER FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.18659

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address PO BOX 5577
MANHATTANVILLE STA

City State Zip Code
NEW YORK NY 10027

Purpose of Disbursement

Candidate Name
RANGEL FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.18663

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS 08

Mailing Address 3100 Ridgelake
Suite 301

City State Zip Code
Metairie LA 70002

Purpose of Disbursement
debt retirement

Candidate Name
SCALISE FOR CONGRESS 08

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.18667

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

23000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Tennessee Republican Caucus

Mailing Address PO Box 190539

City
Nashville

State
TN

Zip Code
37219

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.18675

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Tennessee Republican Party

Mailing Address 2424 21st Avenue South
Suite 200

City
Nashville

State
TN

Zip Code
37212

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.18674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

4500.00